# SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-029576
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3869

FILED AUG 25 1961

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City Mo.
Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Marys Hospital
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN: Odessa, Missouri
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 400 South Russell
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Ida Middle: Emma Last: Rankin
4. DATE OF DEATH: Month: Aug. Day: 3, Year: 1961
5. SEX: Fe
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 11/7/1879
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: House Work
11. BIRTHPLACE (City and state or country): Odessa, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John G. Hader
13b. MOTHER'S MAIDEN NAME: Sophie Shult
14. NAME OF HUSBAND OR WIFE: G. W. Rankin (deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Miss Anna Hader Address: Odessa, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Cardiac Failure from
DUE TO (b): Arterio sclerotic hypertensive heart disease
DUE TO (c):
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: 3 days.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 7/30/61 to 8/3/61 and last saw her alive on 8/2/61
Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Edson C. Carrier, M.D.
22b. ADDRESS: 315 Nichols Rd. K.C. Mo
22c. DATE SIGNED: 8/3/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-3-61
23c. NAME OF CEMETERY OR CREMATORY: Odessa Cemetery
23d. LOCATION (City, town, or county) (State): Odessa, Mo.
24. FUNERAL DIRECTOR: Husman-Sparks ADDRESS: Odessa, Mo.
25. DATE RECD. BY LOCAL REG.: 8-3-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Edson C. Carrier

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed William T. Sparks

Licensed Embalmer No. 4431

P. O. Address Odessa, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

* If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.